

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Maryland

Requirements for Third Party Liability -
Payment of Claims

- (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
- (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
 - (a) Claims submitted by providers for all services except pharmacy, preventive pediatric care, including EPSDT services and routine prenatal services, will be cost-avoided when the Program has established the probable existence of third party liability.
 - (b) Providers are not required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek reimbursement.
 - (a) Reimbursement from estates, tort liabilities, workmen's compensation and paternity cases will not be sought for claims of less than \$100.
 - (b) Full reimbursement will be sought of all court ordered restitutions, i.e., assault convictions or other directed repayments.

- (c) Health insurance claims not cost-avoided will be pursued through post-payment recovery. Reimbursement will not be sought for claims less than \$25, except pharmacy claims billable to Blue Cross and Blue Shield of Maryland under the cost avoidance waiver.
- (e) The medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

The Medical Assistance Program has regulations for each service type establishing proper billing practices for all enrolled providers. These regulations include the requirement to refund the lesser of the TPL or Program payment when both are received for the same service. Providers agree to abide by these regulations when they sign a provider agreement.

The Provider enrollment and Provider relations units of Medical Care Operations Administration communicate with and educate providers in the proper application of Program regulations on a daily basis, through provision of written materials and on-site assistance, if necessary.

The Program investigates all recipient complaints of excessive provider billing and resolves the problem through provider education and assistance or, if warranted, referral for investigation and possible prosecution.

TN NO. 90-10
persedes
No. 88-5

Approval Date MAY 31 1990

Effective Date MAY 04 1990